

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
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PHONE: (602) 364-1739

*REQUEST FOR COPY OF LICENSE

***Fee: see below

APPLICANT AUTHORIZATION:

NAME: _____ LICENSE NO: _____

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CITY: _____ STATE _____ ZIP _____

PHONE: _____

_____ **Please check if change in mailing address.**

Applicant Signature: _____ Date: _____

*Duplicate Veterinarian Wall License	\$25.00
*Duplicate Certified Veterinary Technician Wall License	\$20.00
*Duplicate of Premise License	\$20.00

***Fee payable by cash, check, certified check or money order only. Please do not fax as
we are not able to process your request until the fee is received in our office.